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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/174,622 06/19/2002 PAT 6,602,211
 which is a ~~DP~~ of 09/749,023 12/26/2000 PAT 6,537,236

CIP

**** FOREIGN APPLICATIONS *******

Nae/QT

QT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **

** 03/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY AZ	SHEETS DRAWING 3	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

33354

TITLE

CHIROPRACTIC ADJUSTOR APPARATUS WITH ROTATION HUB

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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